

DUPLICATE

TO BE RETAINED BY EMPLOYER

FORM NO. U. C. 27 A

(Revised 6-1-39)

STATE OF NEW JERSEY

UNEMPLOYMENT COMPENSATION COMMISSION

# MONTHLY REPORT OF EMPLOYER'S AND WORKERS' CONTRIBUTIONS

**AVOID PENALTIES AND INTEREST BY FILING NOT LATER THAN DUE DATE SHOWN BELOW**

EMPLOYER'S NAME, ADDRESS, AND REGISTRATION NUMBER

FOR THE MONTH OF

DO NOT WRITE IN THIS SPACE

DUE IN THE OFFICE OF THE  
COMMISSION NOT LATER THAN

*June*

*July 31, 1939*

If the employer had no individuals in his employ, or if there were no wages payable or paid, in the month covered by this report, the word "NONE" should be written in the spaces provided for such information.

Special remuneration such as bonuses, commissions, etc., or wages and other remuneration payable or paid during the month covered by this report for services in prior periods should not be included in this report. Such remuneration for services in prior periods must be reported on "Supplementary Report of Employer's and Workers' Contributions", Form No. U. C. 27 D, which will be supplied upon request.

PLEASE TYPEWRITE OR PRINT IN INK

**1. Number of covered workers.**

Number of covered workers employed in the last pay periods of all types ended within this month. (See instructions on reverse side of duplicate for method of computing the figure which must be entered here.) This figure must be entered or this report will be considered delinquent.

*20*

**2. Amount of wages payable for employment subject to the law for EMPLOYER'S contribution.**

Amount of wages payable for all pay periods ended within this month:

a. Money wages ..... \$ *1467.50*  
b. Other Remuneration ..... \$ .....  
c. Total wages ..... \$ *1467.50*

\$ *1467.50*

**3. Amount of wages paid for employment subject to the law for WORKERS' contributions.**

Amount of wages, (including money wages and other remuneration) actually paid all workers in all pay periods ended within this month (excluding that part of remuneration in excess of \$3,000.00 paid any worker for employment during this calendar year).

\$ *1467.50*

**4. Amount of EMPLOYER'S contribution—2.7% of Item 2 C.....**

\$ *39.62*

**5. Amount of WORKERS' contributions—Total Actual Deductions from Wages Paid.....**

\$ *14.68*

**6. Amount of remittance—Total of Items 4 and 5.....**

\$ *54.30*

This contribution report must be accompanied by a remittance for the FULL AMOUNT of the contributions shown hereon to be due and payable. The Commission will make refunds by check, for any overpayment of contributions for prior periods, and for any other credit allowance, upon the approval of a properly executed claim for refund, on Form No. U. C. 9, which will be supplied upon request.


DO NOT WRITE IN THIS SPACE

Date.....

I certify that the information contained in this report, submitted pursuant to the provisions of the Unemployment Compensation Law of New Jersey, is true and correct in accordance with said law.

Signature .....

Official Position .....

BE SURE TO FILL IN UNEMPLOYMENT COMPENSATION REGISTRATION NUMBER HERE  **NO.**